

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Libertarian Action Super PAC

ADDRESS (number and street) ▼

619 Friar Tuck Ln

☐ Check if different than previously reported. (ACC)

Austin

TX

78704

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00519553

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert C. W. Benedict Jr.

Signature of Treasurer

Robert C. W. Benedict Jr.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Libertarian Action Super PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 01 2012 To: M M / D D / Y Y Y Y Y Y  
06 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	107500.22	107500.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	107500.22	107500.22
7. Total Disbursements (from Line 31) .....	30294.09	30294.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	77206.13	77206.13
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Libertarian Action Super PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

105010.00

105010.00

(ii) Unitemized .....

2490.22

2490.22

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

107500.22

107500.22

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

107500.22

107500.22

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

107500.22

107500.22

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

107500.22

107500.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	22982.36	22982.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	22982.36	22982.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	7311.73	7311.73
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30294.09	30294.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30294.09	30294.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	107500.22	107500.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	107500.22	107500.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	22982.36	22982.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	22982.36	22982.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

## **A. Raymond Doug Craig**

Mailing Address 302 Wynter Hall Drive

City State Zip Code  
 Griffin GA 30224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Viking Metals

Occupation

owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2012

**Transaction ID : SA11AI.4112**

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

## **B. Joe Liemandt**

Mailing Address 801 W 5th St Apt 2901

City State Zip Code  
 Austin TX 78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trilogy

Occupation

Software

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012

**Transaction ID : SA11AI.4100**

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

## **C. Steven Linnabary**

Mailing Address 2728 Christine Blvd

City State Zip Code  
 Columbus OH 43231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resource International

Occupation

Project Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11AI.4106**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100760.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher Maden**

Mailing Address 33 Ferry Street

City State Zip Code  
 South Grafton MA 01560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Off The Grid Group Inc.

Occupation

CTO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2012

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

1400.00

Full Name (Last, First, Middle Initial)

**B. Gil Robinson**

Mailing Address 5150 Broadway # 610

City State Zip Code  
 San Antonio TX 78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Frederick Sands**

Mailing Address 21341 SE 13th Pl

City State Zip Code  
 Sammamish WA 98075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Microsoft

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2012

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

**A. John E. Shuey**

Mailing Address 4457 Young Dr

City  
CarrolltonState  
TXZip Code  
75010FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Provocateur-in-Residence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

**Transaction ID : SA11AI.4108**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William Sparkman**

Mailing Address 1701 Reeve St

City  
ArlingtonState  
TXZip Code  
76010FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Musician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	2

**Transaction ID : SA11AI.4102**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►

105010.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Libertarian Action Super PAC

**A. Robert C. W. Benedict Jr.**

Category/  
Type

6491.10

State:  District:

**B. Robert C. W. Benedict Jr.**

Category/  
Type

4636.50

State:  District:

C. Robert C. W. Benedict Jr.

Category/  
Type

261.96

State:  District:

11389.56

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

**A. Arthur DiBianca**

Mailing Address 619 Friar Tuck Ln

City	State	Zip Code
Austin	TX	78704

Purpose of Disbursement  
political and administrative services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

**Transaction ID : SB21B.4360**

Amount of Each Disbursement this Period

3818.00
---------

Full Name (Last, First, Middle Initial)

**B. Arthur DiBianca**

Mailing Address 619 Friar Tuck Ln

City	State	Zip Code
Austin	TX	78704

Purpose of Disbursement  
reimbursement for lodging / airfare / vendor booth / printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2012

**Transaction ID : SB21B.4362**

Amount of Each Disbursement this Period

1538.92
---------

Full Name (Last, First, Middle Initial)

**C. Arthur DiBianca**

Mailing Address 619 Friar Tuck Ln

City	State	Zip Code
Austin	TX	78704

Purpose of Disbursement  
political and administrative services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2012

**Transaction ID : SB21B.4361**

Amount of Each Disbursement this Period

2727.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8083.92

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Libertarian Action Super PAC

### A. Libertarian State Leadership Alliance

Mailing Address 8416 Cambria Cellars Court

City	State	Zip Code
Las Vegas	NV	89139

Purpose of Disbursement	vendor booth (reimbursement)
-------------------------	------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4402

Amount of Each Disbursement this Period

400.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

### B. Office Depot

Mailing Address 6600 North Military Trail

City	State	Zip Code
Boca Raton	FL	33496

Purpose of Disbursement	office supplies
-------------------------	-----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4371

Amount of Each Disbursement this Period

529.21

### C. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 6600 North Military Trail

City	State	Zip Code
Boca Raton	FL	33496

Purpose of Disbursement	printing (reimbursement)

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.4403

Amount of Each Disbursement this Period

125.40

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

529.21

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	2		

Mailing Address 6600 North Military Trail

City	State	Zip Code
Boca Raton	FL	33496

**Transaction ID : SB21B.4372**Purpose of Disbursement  
office supplies

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

Amount
100.75

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

**B. Pilgrim Storage Center**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	2		

Mailing Address 10466 Airline Hwy

City	State	Zip Code
Baton Rouge	LA	70816

**Transaction ID : SB21B.4373**Purpose of Disbursement  
storage

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

Amount
244.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

**C. Pilgrim Storage Center**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	1	2		

Mailing Address 10466 Airline Hwy

City	State	Zip Code
Baton Rouge	LA	70816

**Transaction ID : SB21B.4374**Purpose of Disbursement  
postage

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

Amount
103.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

447.75

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

**A. Pilgrim Storage Center**

Mailing Address 10466 Airline Hwy

City	State	Zip Code
Baton Rouge	LA	70816

Purpose of Disbursement  
postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2012

**Transaction ID : SB21B.4375**

Amount of Each Disbursement this Period

134.61
--------

Full Name (Last, First, Middle Initial)

**B. Pilgrim Storage Center**

Mailing Address 10466 Airline Hwy

City	State	Zip Code
Baton Rouge	LA	70816

Purpose of Disbursement  
postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

**Transaction ID : SB21B.4376**

Amount of Each Disbursement this Period

44.65
-------

Full Name (Last, First, Middle Initial)

**C. Pilgrim Storage Center**

Mailing Address 10466 Airline Hwy

City	State	Zip Code
Baton Rouge	LA	70816

Purpose of Disbursement  
storage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

**Transaction ID : SB21B.4377**

Amount of Each Disbursement this Period

190.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

369.26

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

**A. Pilgrim Storage Center**

Mailing Address 10466 Airline Hwy

City	State	Zip Code
Baton Rouge	LA	70816

Purpose of Disbursement  
postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2012

**Transaction ID : SB21B.4378**

Amount of Each Disbursement this Period

14.75
-------

Full Name (Last, First, Middle Initial)

**B. Pilgrim Storage Center**

Mailing Address 10466 Airline Hwy

City	State	Zip Code
Baton Rouge	LA	70816

Purpose of Disbursement  
postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2012

**Transaction ID : SB21B.4379**

Amount of Each Disbursement this Period

35.40
-------

Full Name (Last, First, Middle Initial)

**C. Pilgrim Storage Center**

Mailing Address 10466 Airline Hwy

City	State	Zip Code
Baton Rouge	LA	70816

Purpose of Disbursement  
storage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

**Transaction ID : SB21B.4380**

Amount of Each Disbursement this Period

190.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

240.15
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

**A. Red Rock Resort**

Mailing Address 11011 W Charleston Blvd

City Las Vegas      State NV      Zip Code 89135

Purpose of Disbursement  
lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2012
**Transaction ID : SB21B.4381**

Amount of Each Disbursement this Period

826.40

Full Name (Last, First, Middle Initial)

**B. Red Rock Resort**

Mailing Address 11011 W Charleston Blvd

City Las Vegas      State NV      Zip Code 89135

Purpose of Disbursement  
lodging (reimbursement)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2012
**Transaction ID : SB21B.4404**

Amount of Each Disbursement this Period

533.12

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address 2702 Love Field Dr

City Dallas      State TX      Zip Code 75235

Purpose of Disbursement  
airfare (reimbursement)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2012
**Transaction ID : SB21B.4405**

Amount of Each Disbursement this Period

480.40

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

826.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Libertarian Action Super PAC**

Full Name (Last, First, Middle Initial)

**A. U.S. Postal Service**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2012

Mailing Address 475 L'Enfant Plaza SW

City	State	Zip Code
Washington	DC	20260

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type**Transaction ID : SB21B.4398**

Amount of Each Disbursement this Period

104.87
--------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. U.S. Postal Service**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2012

Mailing Address 475 L'Enfant Plaza SW

City	State	Zip Code
Washington	DC	20260

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type**Transaction ID : SB21B.4399**

Amount of Each Disbursement this Period

130.75
--------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. ULINE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2012

Mailing Address 12575 Uline Drive

City	State	Zip Code
Pleasant Prairie	WI	53158

Purpose of Disbursement  
shipping supplies

Candidate Name

Category/  
Type**Transaction ID : SB21B.4391**

Amount of Each Disbursement this Period

130.88
--------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

366.50
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22252.75
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Libertarian Action Super PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00519553
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>A.G.E. Graphics</b>		Date MM / DD / YYYY <b>04 / 24 / 2012</b>
Mailing Address 52231 State Route 248		Amount <b>50.00</b> Transaction ID : SE.4426
City Long Bottom	State OH Zip Code 45743	
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Johnson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>2960.00</b>		

Full Name (Last, First, Middle Initial) of Payee <b>A.G.E. Graphics</b>		Date MM / DD / YYYY <b>04 / 24 / 2012</b>
Mailing Address 52231 State Route 248		Amount <b>50.00</b> Transaction ID : SE.4427
City Long Bottom	State OH Zip Code 45743	
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Lee Wrights		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>3010.00</b>		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>100.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert C. W. Benedict Jr.

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 05 / 2012**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Libertarian Action Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00519553       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>A.G.E. Graphics</b>		Date MM / DD / YYYY 04 / 25 / 2012	
Mailing Address 52231 State Route 248		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">57.50</div>	
City Long Bottom	State OH		
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Johnson			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3067.50</div>		2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>A.G.E. Graphics</b>		Date MM / DD / YYYY 04 / 25 / 2012	
Mailing Address 52231 State Route 248		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">57.50</div>	
City Long Bottom	State OH		
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Lee Wrights			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3125.00</div>		2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">115.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert C. W. Benedict Jr.

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 05 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 19 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Libertarian Action Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00519553       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>Capitol Promotions Inc.</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> </div>
Mailing Address 249 N Keswick Ave 1st Fl		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">580.50</span> </div>
City Glenside	State PA	
Purpose of Expenditure campaign materials	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 2329.50</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4430

Full Name (Last, First, Middle Initial) of Payee <b>Capitol Promotions Inc.</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> </div>
Mailing Address 249 N Keswick Ave 1st Fl		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">580.50</span> </div>
City Glenside	State PA	
Purpose of Expenditure campaign materials	Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Lee Wrights		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 2910.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4431

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">1161.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"> </span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert C. W. Benedict Jr.

[Electronically Filed]

Date

Signature

M M / D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Libertarian Action Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00519553       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Capitol Promotions Inc.</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           05 / 11 / 2012         </div>
Mailing Address 249 N Keswick Ave 1st Fl		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           604.00         </div>
City Glenside	State PA	
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4414

Full Name (Last, First, Middle Initial) of Payee <b>Capitol Promotions Inc.</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           06 / 04 / 2012         </div>
Mailing Address 249 N Keswick Ave 1st Fl		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1049.00         </div>
City Glenside	State PA	
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4417

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         1653.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         1653.00       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert C. W. Benedict Jr.

[Electronically Filed]

Date

07 / 05 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 21 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Libertarian Action Super PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00519553       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Designer Graphics</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           05 / 17 / 2012         </div>
Mailing Address 12404 Hwy 155 South		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2533.73         </div>
City Tyler	State TX	
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4418

Full Name (Last, First, Middle Initial) of Payee <b>Screen Printing Express</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           04 / 18 / 2012         </div>
Mailing Address 11386 Darryl Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1166.00         </div>
City Baton Rouge	State LA	
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Gary Johnson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.4432

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         3699.73       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         _____       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         _____       </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert C. W. Benedict Jr.

[Electronically Filed]

Date

07 / 05 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Libertarian Action Super PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00519553
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>Screen Printing Express</b>		Date MM / DD / YYYY <b>04 / 18 / 2012</b>
Mailing Address 11386 Darryl Dr		Amount <b>583.00</b>
City Baton Rouge	State LA	
Zip Code 70815		Transaction ID : SE.4433
Purpose of Expenditure campaign materials	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Lee Wrights		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1749.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>583.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>7311.73</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert C. W. Benedict Jr.

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 05 / 2012**

Signature